L16000024774

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: SKIUSA VACA	ATIONS LLC S Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
EDUARDO GAZ Name of Person							
Skiusa VACATIOL Firm/Company	IS LLC						
1395 BRICKELL AVE #900 Address							
MINMI/FL/33/3 City/State and Zip Code	1						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, ple	ease call:						
EDUARDO	at (917) 721 3004						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassec, Florida 32314						
Enclosed is a check for the following amount:							
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	lame of the limited liability company: Ski US	5A	VACATIO	มร	LLC
2. (a)	1395 BRICKELL AVE #900	(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address (Note: MAY	of limited liab BE POST OF	•
	MIAMI / FC/33149				
		_			
	02/04/2016		L160000	247	74
3.	Date of filing/registration in Florida	4.	Document r	number	
5. (a)	Registered Agent and Registered Office shown on the records of the	Florida De	pt. of State:		
	150 SE 2ND AVE S	SUITE	£ 506		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)			
	MIDMI FL	33	131	<u> i</u>	- 14 -
			r		் ர ் இ
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	iiice addres	<u></u>	75.	
			_	3.5.C.	2 1
	1395 BRICKELL AVE	- #	<u>- 300</u>		8 0
	NEW Registered Office Address:			2	50
	MIDNI ,FL	331	3/		
	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the				
agent v	will be identical. Or, in the case of a Florida limited liabivere authorized by an affirmative vote of the members of t	ility comp	oany, it is hereby con	firmed that	the change(s)
the arti	ticles of organization or the operating agreement of the lin	nited liab	ility company.		
Sional	ature of a member or authorized representative of a member		EDUARD Printed or tyr	oed name of sig	Z
I herei	eby accept the appointment as registered agent and agree	to act in	this capacity. I furth	her agree to	comply with the
provisi the obl to mere	sions of all statutes relative to the proper and complete peoligations of my position as registered agent as provided frely reflect a change in the registered office address, I hered in writing of this change.	erformanc for in Cha reby conf	ee of my duties, and I apter 605, F.S. Or, it irm that the limited I	am familia this docum iability com	r with and accept ent is being filed pany has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent